

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO <i>10650128</i>	FILING DATE <i>09-08-02</i>	
							APPLICANT(S)		
CLAIMS									
AS FILED			AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
71									
72									
73									
74									
75									
76									
77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.		<i>2</i>	TOTAL IND.		TOTAL IND.		TOTAL IND.		
TOTAL DEP.		<i>9</i>	TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		
TOTAL CLAIMS		<i>11</i>	TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		